


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H26618</b> 1. Entity Name L. SAM OSBORNE, INC.	
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Principal Place of Business % LESLIE SAMUEL OSBORNE 4091 "121ST" TERRACE NORTH ROYAL PALM BEACH, FL 33411	Mailing Address % LESLIE SAMUEL OSBORNE 4091 "121ST" TERRACE NORTH ROYAL PALM BEACH, FL 33411
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02252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2459812	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  OSBORNE, LESLIE SAMUEL 4091 "121ST" TERRACE NORTH ROYAL PALM BEACH, FL 33411
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT OSBORNE, L. SAMUEL 4091 "121ST" TERR. NORTH ROYAL PALM BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD OSBORNE, JULIE S. 4091 121ST TERR., NORTH ROYAL PALM BCH., FL
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<p>U000000251484 03/04/05-80051-025 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Julie S. Osborne JULIE S. OSBORNE 2/29/05 561-798-2848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #